

Registration District No. 284

Primary Registration District No. 200

State File No. _____

Registrar's No. 1386

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 7/22/1937
In this community unknown
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

William Francis Grady

3. (b) If veteran,

name war World War

3. (c) Social Security

No. -

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if

alive - years

7. Birth date of deceased

May 9

1898

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

43

1

21

hr.

min.

9. Birthplace

St. Louis,

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Chauffeur

11. Industry or business Retired 12 Yrs.

MOTHER FATHER

12. Name

Stephen Grady

13. Birthplace

Bunker Hill

Illinois

(City, town, or county)

(State or foreign country)

14. Maiden name

Johanna Dooley

15. Birthplace

Ireland

Ireland

(City, town, or county)

(State or foreign country)

16. (a) Informant

M. Schuler

(b) Address

Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a)

Burial

(b) Date thereof

7-3-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

National Cemetery

18. (a) Signature of funeral director

Kriegshauser Mortuaries

(b) Address

4241 So. Kingshighway Blvd.

19. (a)

JUL 1 4241 So.

W. Hughes

(Date received local registrar)

(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3836 Folsom Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1941 hour 12:45 minute p. M.

21. I hereby certify that I attended the deceased from
July 22, 1937 19 to June 30, 1941
that I last saw him alive on June 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Spastic paraplegia, residuals of
former cerebral spinal meningitis. Unkn.

Due to

Due to

Other conditions Broncho-pneumonia, patchy,
(Include pregnancy within 3 months of death)

hypostatic.

Major findings:
Of operations -

Of autopsy No autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? W. Hughes (e) Means of injury _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) no

Address Chief Medical Officer Date signed 6/30/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edwin M. Bennett

Licensed Embalmer No.....

3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.